

Bidder Name: Magellan

2009 Iowa Plan RFP Bid Evaluation Scoring Tool

TECHNICAL COMPONENT

7A.2 Programmatic Overview ---- 60%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 150 pages.

Does it exceed? Y/N?

<p>√ 7A.2.2 Enrollees 65 and Older</p> <p>(2)</p>	<p>Sub-Section Score (circle one):</p> <p>[Meets With Distinction] Meets Partially Meets Fails to Meet</p>
<p>7A.2.2</p> <p>1. Did the bidder describe the experience it has in treating individuals aged 65 and older?</p> <ul style="list-style-type: none"> Did the bidder identify other states in which coverage has been provided? If so, do the referenced examples demonstrate experience that will benefit efforts to serve Iowans 65 and older? Did the bidder identify challenges and identify strategies for surmounting any identified challenges? Did the examples demonstrate a thorough understanding of the population and how to serve it? If there any recommended additions to the provider network as part of the proposal intended to better serve those aged 65 and older, do they appear appropriate and likely to be effective? Is there a proposed transition plan to ensure the continuity of care while enrolling the population into the Iowa Plan, including a communication plan? Is the communication plan sufficiently detailed and does it demonstrate an approach that is appropriate and likely to be effective? 	<p>Medical Advantage Experience ~ 338k enrollees in NE, SE & SW TX. Work in Tenn + Penn. Experience: geriatricians; continuity; transport → access; depression screening Have IA experience in this population. — providers in IME — overlap transition — identify coverage of population → Senior Connect: which + roles for specialized services of providers. My know Iowa! W. Senior Connect is hard to get into } emphasis on. active measures to meet the kind of assumptions — social isolation: true! — some.</p> <p>network: how you existing network; add some new ones to the geriatric pts.; geriatricians. integrated approach; social support.</p> <p>Transition plan: benefits of continuum; hit ground running. have already begun this have principles — evaluation but; cost of continuity of care Transition plan tasks; responsibility split — start/end tasks.</p>

Bidder Name: Maxilan

<p>√ 7A.2.3.a) Coordination and Integration of Services (Sections 4.1, 4A, 4B, and 5A of the RFP)</p> <p style="text-align: right;">(3)</p>	<p>Sub-Section Score (circle one):</p> <p>[Meets With Distinction] Meets Partially Meets Fails to Meet</p>
<p>1. Did the bidder describe the strategies it would take to coordinate and integrate service delivery for <u>each</u> of the five types of Eligible Persons and Enrollees?</p> <p><u>Eligible Persons with:</u></p> <p>(1) concurrent mental health and substance abuse conditions</p> <p>(2) concurrent mental health and/or substance abuse conditions plus concurrent medical conditions</p> <p>(3) concurrent mental health and/or substance abuse conditions and involved with the adult correctional system</p> <p><u>Enrollees with:</u></p> <p>(4) concurrent mental health needs and mental retardation</p> <p><u>Eligible Persons with:</u></p> <p>(5) mental health and/or substance abuse conditions with involvement with the child welfare/juvenile justice system)</p> <p>2. Are the strategies appropriate and are they likely to be effective?</p> <p>3. Do they effectively embody the philosophy and program goals in that they, among other things:</p> <ul style="list-style-type: none"> emphasize honoring Eligible Persons' choice of service provider, promote the philosophy that Eligible Persons should be able to remain in their homes and communities, and demonstrate that the bidder is committed to working with all providers serving the enrollees to ensure blended and coordinated service delivery? <p>4. Did the bidder provide examples of its experience in other states with respect to coordination and integration of services and how it will be applied in Iowa? Is the experience relevant and likely to be beneficial to Iowa?</p>	<p>(1) Integrated tx: specialized tx. team → integrated care mgmt. - integrated assessment & tx planning - AS clinical review & case certification</p> <p>- co-occurring round table → consumers, families, agencies, providers, etc. share priorities & etc.</p> <p>- Integrated Co-occurring S/O tx. - training efforts, tools - 28 projects funded through community Re-investment.</p> <p>- Partnership Community based Residential Co-occurring Program.</p> <p><u>Lesson learned</u>: Are there 1 hand efforts??</p> <p>- Expand training & education including coordinating to Partners & coordination } <u>Plan?</u></p> <p>- Co-occurring Planning Committee.</p> <p>- Enhance the effort</p> <p>(2) <u>Current</u>: PCP Consultant - consultation & referral for b/c services.</p> <p>PCP Assessment - copy PCP on APM letters. with enhance in role one into</p> <p><u>Future coordination</u>: integrated b/c/planning - dependent</p> <p><u>Child Development</u>: rehabilitation through child health specialty clinics.</p> <p><u>Future</u>: Expand partnership to specialized consult through PCP consult line → ADHD specialty</p> <p>Postpartum depression collection plan → PCP consult line</p> <p>Dialectics → Depressive reasoning: social issues - & education.</p> <p>(3) <u>Bellevue Jail based tx</u>: Drug Court Programs, Transitional Housing</p> <p>- <u>Plan</u>: integrated planning track in a community tx. team → implementation</p> <p>IA in collection & SA corrections, staff.</p> <p><u>Future</u>: Corrections Consultation Line: co-located referrals & etc.</p> <p>- Jail diversion HCT Expansion - based on Penn.</p> <p>- Permitting to maintain independence & simplify many services</p> <p>4th term program in IA which co-ordinates us for these populations.</p> <p><u>While</u> Penn staff visits - estimated time cost.</p> <p><u>Plan</u>: "imaging" follow the program; work on local efforts.</p> <p>(5) <u>Joint Tx Planning</u> for children system in Transition Program</p>

5
 4A
 4B

Outreach & Education & State Agencies

Integration track creation collaborating/participating w/ DHS & IDPH various projects

including MH crisis review system, Co-occurring wavegraph, etc.

• Integrating Planning Committee: Current multi-agency gap to complete recommendations by 4/30/10

• Integrating Planning Committee to SA stakeholders - expand membership to consumers, families (IA Adult Planning Center)

Let service providers quantify MH, SA, AD, CW, etc. connections.

• Existing initiatives: Joint Tx. Planning; 8am; Healthcare; etc. etc.

(5) Plan: Enhanced wrap around approach - a year for 1080

work it out of home placement // removal from custody // expand CSD

2

Bidder Name: Magellan

<p>√ 7A.2.4 Rehabilitation, Recovery, and Strength-Based Approach to Services (Sections 4.A.2 and 4.B.2 of the RFP)</p> <p>(1)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet</p>
<p>1. Does the bidder's proposal include a detailed explanation of its experience providing behavioral health services through a recovery-oriented approach?</p> <p>2. Does the bidder's proposal describe in detail the model it proposes to implement?</p> <p>3. Does the bidder's proposal recognize the priority for effecting change during the contract period? Does the response provide details for realistic actions that the bidder intends to take during the contract period to affect change?</p> <p>4. Does the response specifically identify the bidder's approach with respect to:</p> <ul style="list-style-type: none"> Contractor interactions with Eligible Persons? service system planning and design? provider adoption of a rehabilitation, recovery and strength-based approach to services? <p>5. Is the bidder's proposed approach appropriate and likely to be effective?</p>	<p>Bidder provide numerous SA examples & examples from other states, e.g. AZ & Tenn. & recovery-oriented approaches: JT & planning; Community Partnership; C-learning; Community Re-investment Projects.</p> <p><u>Bidder's model is based on principle of shared & recovery: multi-project; system approach; Recovery Planning Committee; engaging consumers, families, stakeholders.</u></p> <p>Bidder recognizes priority placed on recovery. Draws on current programs & lessons learned. Bidder draws on best of both, joint group leaders & individually recognized programs. Details long list of historical & current activities.</p> <p>Bidder describes interactions & C.O.P.W. Partners: JT & planning, SA assessment, Partnerships & Home Zone Training & Community Outreach; C-learning; multi-agency collaboration; web platform.</p> <p>-Recovery Planning: Reinv Committee → Recovery Activity Committee: Reinvested by in action extensive project details → good work. Self-Directed Care Program.</p>

[model is not very well articulated]

Plans to increase Partnerships - has prioritized list of projects - not focusing on all of them - will address projects.

Recovery adaptation through Activity Council, Reinv-specific newsletters, Regional forums: Stakeholder circles.

(5) Bidder seems to be building on its current approaches & expanding them. Seems like a very organic approach building on what community stakeholders identify & want. Very person driven.

Bidder Name: Magee

7A.2.5 Person-Centered Care (Section 7A.2.5 of the RFP) <div style="text-align: right;">(2)</div>	Sub-Section Score (circle one): <div style="display: flex; justify-content: space-around;"> Meets With Distinction <u>(?)</u> Meets Partially Meets Fails to Meet </div>
7A.2.5.a) 1. Does the bidder's response describe the philosophy of how to best involve Eligible Persons in the planning of their care? 2. Does the description include: <ul style="list-style-type: none"> how the bidder intends to assure that the Eligible Person and, as appropriate, family members, participate in treatment planning? descriptions of instances in which the bidder has successfully employed such strategies under other contracts? 3. Is the bidder's proposed approach appropriate and likely to be effective? 4. Do the cited examples of experience demonstrate working knowledge that will benefit Iowa?	<p>Person-centered approach is consistent for helping people to remain connected and create new connections to family, friends, culture & community.</p> <p>- really clear expectations; teaching & skills building; welcoming environment, active engagement.</p> <p>Training "Team Support to d/c" discussion on other HHS planning</p> <p><u>Work they do!</u> - welcoming environment: <u>Smile Training</u></p> <p>Peer, Family & Home Support - Tx Planning</p> <p>Joint Tx Planning Conference - mutual reflection</p> <p>Active Tools</p> <p><u>Diff-Div for me</u> - <u>JA</u></p> <p>Monitor to others. Treatment Record Review</p>
7A.2.5.b) 1. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to the implementation of strategies to involve Eligible Persons in the planning of their care?	

Bidder Name: Musellon

7A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>√ 7A.2.6.a)</p> <p>1. Is the bidder's proposed strategy to ensure statewide capacity sufficiently detailed to understand what it intends to do?</p> <p>2. Is the bidder's proposed strategy appropriate and likely to be effective?</p>	<p>Seem to minimize any gaps: emphasize emergency services of network not done - proven has been used - previous on strategy is good</p>
<p>√ 7A.2.6.b)</p> <p>1. Does the analysis include an identification of service gaps and the basis on which the bidder has made its determination?</p> <p>2. Was the bidder's methodology to identify service gaps comprehensive, rigorous, and valid?</p> <p>3. Were any major gaps of which the evaluator is aware missed?</p> <p>4. Does the bidder's proposal for how the gaps would be addressed seem appropriate?</p> <p>5. Did the bidder provide a plan for addressing the gaps, with an implementation timeline?</p> <p>6. Did the bidder address the following areas in its plan in a comprehensive and informed fashion:</p> <ul style="list-style-type: none"> • Level I Sub-acute Facility services delivery? • 24 hour mental health stabilization services? • Substance abuse peer support/recovery coaching? <p>7. Are the plan and timeline for addressing the service gaps appropriate and likely to be effective to enable the bidder to make all required mental health services available to the majority of Iowa Plan enrollees by the end of the second contract year?</p>	<p>yes</p> <p>yes</p> <p>no</p> <p>yes</p> <p>- transfer to the 3rd level but not all gaps, it's not</p> <p>yes / Acknowledged need to expand here. plan to expand timeline for 23rd Facility → 1/10.</p> <p>could have a plan to see transfer to 23rd units.</p>

high my state + will
have 24 hr. stab by 11/09.

Also, in Region 10, also of capacity - very specific on the north end in terms of strategies & actions. 5

Bidder Name: Majellan

7A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>√ 7A.2.6.c)</p> <ol style="list-style-type: none"> Did the bidder describe the process by which integrated mental health services and supports will be authorized? If so, does the process appear to be appropriate and utilizing appropriately skilled staff? Did the bidder provide any parameters that would be implemented to guide the authorization of integrated services and supports? If so, do the parameters appear to be appropriate? Did the bidder provide examples of comparable past experience providing integrated mental health services and supports? If so, do the cited examples demonstrate working knowledge that will benefit Iowa? 	<p>yes - Am3 single - many flex hrs - high utilization on flex hrs. - 40 hrs/week.</p> <p>no parameters set.</p> <p>yes, yes > RC - 1A A7 - flex hrs 850K</p>
<p>7A.2.6.d)</p> <ol style="list-style-type: none"> Did the bidder describe how it will incorporate evidence-based practice into its management and how it will impact the services offered through the Iowa Plan? Is the bidder's proposed approach appropriate and likely to be effective? 	<p>yes - will use EBP. have impact.</p> <p>yes ACT; STEP 13 / DIST; IMPACT, 10R through from 8A.</p>
<p>7A.2.6.e)</p> <ol style="list-style-type: none"> Does the bidder identify any services for which it will not reimburse due to moral or religious grounds? <ul style="list-style-type: none"> If yes, is there a complete explanation of these services? 	<p><u>no</u> (This response should not be scored. The question is for informational purposes only)</p>

Bidder Name: Magellan

<p>7A.2.7 Organization of Utilization Management Staff (Section 5A.1 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.7.a)</p> <p>1. Did the bidder describe its organization of the Utilization Management Staff, including:</p> <ul style="list-style-type: none"> number of staff? <i>.15 child 41 + 4 QI Reviews</i> credentials and expertise? the rationale for the mix of expertise? roles of different types of staff? methods to maximize coordination between UM staff and local delivery systems? methods to ensure continuity of UM for Eligible Persons making frequent use of the delivery system? <p>2. Is the number of Utilization Management staff, which the bidder proposes per region, and their expertise, well supported and appropriate?</p> <p>3. Is it clear that the staff will be knowledgeable of the services available in each region?</p> <p>4. Are the roles proposed by the bidder for each of the different types of Utilization Management staff appropriate?</p> <p>5. Are there roles or types of staff which should have been included but were not?</p> <p>6. Is the proposed approach to maximize coordination with local service delivery systems appropriate and likely to be effective?</p> <p>7. Is the proposed approach to ensure continuity for Eligible Persons making frequent use of the delivery system appropriate and likely to be effective?</p>	<p><i>Bidder described its staffing plan for um which appears to meet requirements. Table helpful to identify um role; credentials; numbers & functions.</i></p> <p><i>Total number & configuration of um staff supported by # of comms centers; potential staff in another 65+; utilization of services & current (A-exempt) services e.g. mental HP.</i></p> <p><i>[Coms; Ecoms & QI reviews assigned to each region]</i></p> <p><i>Be knowledgeable in joint planning: local planning, mental health, training.</i></p> <p><i>- roles given to be appropriate & cover the requirements of um.</i></p> <p><i>[W. only .15 for child psychiatrist. we should then be children/adult & specialists? children's D. mental?]</i></p> <p><i>ICM approach: supported by Series cm system</i></p>
<p>7A.2.7.b)</p> <p>1. Did the bidder's other clients for which it has organized UM staff to maximize coordination with local service systems confirm the effectiveness of the bidder's performance?</p>	

Bidder Name: Magallon

<p>7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)</p> <p style="text-align: right;">②</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet</p>
<p>7A.2.8.a)</p> <p>1. Do the UM Guidelines the bidder would use in authorizing mental health services appear to be appropriate?</p> <p>2. If the bidder attached guidelines for the application of ASAM criteria, do the guidelines the bidder would use for the authorization or retrospective monitoring of substance abuse services appear to be appropriate?</p>	<p style="text-align: center;"><u>Meets</u></p> <p>yes - are what's in place now.</p> <p>r/h</p>
<p>7A.2.8.b)</p> <p>1. Did the bidder describe how UM Guidelines would generally be applied to authorize or retrospectively review services?</p> <p>2. Did the bidder address how it would both manage the appropriateness of treatment duration and also manage potentially high volumes of service requests?</p> <p>3. Does the approach to outpatient service authorization address management of appropriateness review in a manner likely to be efficient <u>and</u> effective?</p>	<p style="text-align: center;">?? <u>Partially Meets</u></p> <p>yes, when authorization: do they do it for review?</p> <p>yes: 4 primary factors ① structure/length ② effort/length to plan the transition</p> <p>③ if feels of maximum service resulting.</p> <p>2 ways ① high # of services in mental ② high volume of call center.</p> <p>did not specifically address of approach: is everything on PA?</p>
<p>7A.2.8.c)</p> <p>1. Did the bidder discuss special issues in applying the guidelines for at least some of the following services and populations:</p> <ul style="list-style-type: none"> i. substance abuse services for pregnant and parenting women? ii. substance abuse services provided to Enrollees in PMICs? iii. mental health inpatient services provided to Enrollee children in state mental health institutes? iv. Eligible Persons with concurrent need for both mental health and substance abuse treatment? v. Assertive Community Treatment (ACT)? <p>• If so, does the bidder appear to have a thorough understanding of what special issues might arise and of how to address them? Were there any issues the evaluator felt should be addressed that were omitted?</p>	<p style="text-align: center;"><u>Meets</u></p> <p>yes - nice case examples - UM's applicable to special pop.</p> <p>yes - family involvement / life planning / transition back to school.</p> <p>yes - almost same as PMIC</p> <p>yes - not 5 - ACT - guidelines</p> <p>yes: - mental health of ACT 2/17 - representing various symptoms</p> <p>Bidder appears to understand special issues associated</p> <p>with mental health & populations - as evidenced through case examples</p>

Bidder Name: Maylan

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.8.d)</p> <ol style="list-style-type: none"> Did the bidder list any services or levels of care for which prior authorization would not be required? Do the levels of care for which the bidder has indicated it won't require prior authorization appear to be appropriate, given both access to care and cost management objectives? Did the bidder describe a QI-related circumstance that would lead the bidder to request state approval for prior authorization? Does the prior authorization circumstance demonstrate experience and knowledge? Does the quality improvement circumstance example align with care and cost management objectives? 	<p style="text-align: center;"><u>Meets</u></p> <p>yes mit + JA mit OP continuity: Rx mgmt; initial dx / community support, Y to Y, ECT-op. JA. I/c my work; partial hyp; dup, up (and).</p> <p>yes - partial or full example from JA - Res. review is for w/ nursing defining needs</p> <p>yes - EA head example</p> <p style="text-align: center;"><u>Meets</u></p>
<p>7A.2.8.e)</p> <ol style="list-style-type: none"> Did the bidder describe how it would self-evaluate the clinical effectiveness and administrative efficiency of UM authorization processes? Does the bidder's proposal to self-evaluate the clinical effectiveness and administrative efficiency of the authorization processes rely upon robust and meaningful measurement of performance? Did the bidder describe circumstances under which it might waive prospective review requirements for certain providers? Does the bidder's description of circumstances under which prospective utilization review might be waived for certain providers demonstrate a well-reasoned approach to balancing appropriate utilization management with limiting administrative requirements of providers? 	<p>yes: under following measures: all workplan; G/limit - inter-asker highlighting.</p> <p>yes: - like out monitoring - individual reviews / inter-asker highlighting</p> <p>yes: select and level has opt for / under utilization level.</p> <p>yes: HLOS, readmission, dialysis, 7 day flu rates.</p> <p>New initiatives: Provider Quality Collaboratives & Reward for Quality.</p>

Bidder Name: Magellan

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.8.f)</p> <ol style="list-style-type: none"> Did the bidder describe how it would operationalize the state's concepts of "psychosocial necessity" and "service need"? Did the description contrast the proposed approach with that used for "medical necessity" under other contracts, or if not applicable, explain how the concepts differ? Does the bidder's approach for operationalizing the state's concept of "psychosocial necessity" in the authorization process for mental health services align with the state's objectives, as put forth in Section 5A.3.1 of the RFP? Did the bidder's distinction between "medical necessity" and the concepts of "psychosocial necessity" and "service need" convey a good understanding of how the approaches differ? 	<p style="text-align: center;">(Meets)</p> <p>yes - it is what they do in all public sector contracts!</p> <p>yes - they get it! ^{if sec. 51} Consider the abilities of people; computerized; person-centered, alt. comp. to plan. I know in human}</p> <p>yes</p> <p>yes: med-nec. is different; medical clinical needs; do not consider unique personal needs.</p>
<p>7A.2.8.g)</p> <ol style="list-style-type: none"> Did the bidder describe the process the bidder would implement for the administrative authorization of services (when contractual requirements mandate the authorization and reimbursement for services that do not fall within the contractor's UM guidelines)? Does the process the bidder proposes for implementing the administrative authorization of services appear to be appropriate? Did the bidder include in its description the way in which the bidder would allow for authorization for services provided during all the months of enrollment even if Medicaid eligibility is determined after the initiation of services? Does it appear that this process treats providers fairly and will be effective? 	<p style="text-align: center;">(Meets)</p> <p>yes. described contract policies/procedures - Already in place.</p> <p>yes</p> <p>yes: Medicaid Application policy seems to cover this</p> <p>yes</p>

Bidder Name: Maspin

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.8.h)</p> <ol style="list-style-type: none"> Did the bidder describe how it would provide Intensive Clinical Management to certain Iowa Plan Enrollees, and the relationship of those activities to Targeted Case Management? Does the bidder's process for providing Intensive Clinical Management appear appropriate and likely to be effective? Is the bidder's proposed relationship of Intensive Clinical Management and Targeted Case Management appropriate and likely to be effective? 	<p>yes</p>	<p><u>meets</u></p>	<p>350 per yr.</p>	<p>ages 241 day, who has in 8p & 30 day</p>
<p>7A.2.8.i)</p> <ol style="list-style-type: none"> Did the bidder describe how it would provide 24 hour crisis management? Is the bidder's proposed approach to provision of 24-hour crisis management reflective of the current state of that service in Iowa, appropriate, and likely to be effective? Did the bidder provide examples of how that service has been provided in other states? Do the bidder's examples demonstrate experience and knowledge that would be of benefit to Iowa? 	<p>yes.</p>	<p><u>meets</u></p>	<p>??</p>	<p>yes. is it new? they are not receiving people, anything new. need it.</p> <p>yes appears to be effective. TCM left front provide table of differences</p> <p>TCM hand "personnel" relationship? w/ enrollees??</p> <p>24/7 - this means 1-800-638-8820 en route to 24/7 "in field" turn to clinicians / com</p> <p>yes - this is the current state - in Iowa</p> <p>man hours Florida as the work is same as IA.</p>

Bidder Name: Magellan

7A.2.9 Required Elements of Individual Service Coordination & Treatment Planning (Sections 1.9, 4B.2.2 and 5A.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.9.a)</p> <ol style="list-style-type: none"> Did the bidder describe the 24-hour crisis and referral service that the Bidder would make available to Eligible Persons, including: <ul style="list-style-type: none"> how the Bidder would ensure the availability of clinicians with expertise in providing mental health and substance abuse services to children? how the 24-hour crisis and referral service would interface with the emergency crisis service system? Does it appear that the bidder's 24-hour crisis and referral service utilizes appropriately trained staff? Does it appear that the bidder's 24-hour crisis and referral service would provide sufficient access to clinicians with child mental health and substance abuse expertise? Does the bidder's response depict a process that would ensure that the 24-hour crisis and referral service appropriately and effectively interfaces with the emergency crisis service system? 	<p>- describe what "complex" crisis & referral would include - - crisis & referral for children: "16" years of children m & s abuse. - language expertise & IY/IDID. (committed to making & reports on Emergency Crisis Response Teams 3/1/10. Magellan has provided in utilizing 2 pilot teams - will interface in number of ways: referrals, nurse practitioner admissions; identifying alternatives, etc. (w) No real evidence of how Magellan will assist in operations of crisis team statewide.</p>
<p>√ 7A.2.9.b)</p> <ol style="list-style-type: none"> Did the bidder describe a process for identifying those Eligible Persons who have demonstrated the need for a high level of services or who are at risk of high utilization of services? Does the bidder's process for identifying those Eligible Persons appear to capture all of those in need of individual service coordination and treatment planning in a timely and efficient manner? Did the bidder describe how it would initiate ongoing treatment planning and coordination with the Iowa Plan Eligible Persons and all others appropriate for planning the Eligible Person's treatment? Does the bidder's process for initiating ongoing treatment planning and coordination appear to be appropriate and likely to be effective? 	<p>- Predictive Modeling Algorithms: only ones to talk to TMS. "complex" algorithm strategies! algorithm of variables per person: age, gender, dx, medical hx, Ad hx, level of utilization, cost. Tables depict risk summary analysis. 922 adults 330 kids utilize IECM, joint tx. planning, team, cm, IT, community collaboration - Able to see most likely to be readmitted - IECM information - have moved onto down starting for 30 day readmits. Good next steps - develop crisis plan → issues "face/courtship"</p>

w. do not really go into coordination much beyond
using IECM for high risk folks. Heavy on
identification - i.e. predictive modeling.

Bidder Name: Majdan

<p>√ 7A.2.9 Required Elements of Individual Service Coordination & Treatment Planning (Sections 1.9, 4B2.2 and 5A.5 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.9.c)</p> <ol style="list-style-type: none"> 1. Did the bidder describe the program the bidder would implement in conjunction with officers of the courts to assure that court-ordered treatment complies with substance abuse criteria and therefore is reimbursable through the Iowa Plan? 2. Does the bidder's proposed program appear appropriate and likely to succeed? 	<p>Practical approach, what do they need to know: eligibility requirements, levels of reimbursement, location of providers, ABA S criteria for services needed.</p> <p>- will need provider of a next 2 conferences - education + information to largely reference material. // Connections consultation line.</p>
<p>√ 7A.2.9.d)</p> <ol style="list-style-type: none"> 1. Did the bidder describe a process for actively promoting and ensuring coordination by Iowa Plan network providers with Enrollees' primary care physicians? 2. Is the proposed process for promoting and ensuring coordination appropriate and likely to be effective? 3. Did the bidder describe how it would assess network provider compliance with the care coordination requirements? 4. Is the proposed process for ensuring compliance, inclusive of any measurement and reporting activities, appropriate and likely to be effective? 5. Did the bidder provide results of monitoring efforts conducted for other clients to verify that coordination had been occurring effectively? 6. Do the bidder's examples of monitoring efforts document an effective process? 7. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting and ensuring coordination by network providers and primary care physicians? 	<p>Variety of ways: provider allocation in RFP settings. Referrals to line, case site, telehealth; case consultation by medical director + clinical support, Rx data analysis, comparison, IP Plan Health Manual.</p> <p>Co-location in 14 primary care sites - plan to expand.</p> <p>RFP Unit Line: how often is this utilized?</p> <p>visits reviews</p> <p>Rx Data Analysis: not sure how this improves coordination efforts?</p> <p>Provider Manual: RFP coordination responsibilities outlined</p> <p>↳ Not seen to be providing provider w/ tools to improve this!</p> <p>How Provider Compliance through tx record review: look at reports of RFP coordination</p> <p>Report back to provider on performance - action plan if necessary.</p> <p>Activities in Ann. TX; Tri-State(?).</p> <p>All should implement upon measurement.</p>

6. clinical reviews provide technical assistance to support providers in compliance.

Eligibility barriers → information, (intended inter-charge like newsletters, action plans, FAQs, training).

Bidder Name: Maggie

<p>√ 7A.2.10 Children in Transition (Section 5A.6.1 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.10.a)</p> <ol style="list-style-type: none"> 1. Did the bidder provide comprehensive and detailed descriptions of experience transitioning children from inpatient settings, including specific examples of hospital and PMIC-like entities? 2. Did the bidder provide successful strategies for putting in place effective discharge placement from such settings? 3. Does the bidder's described experience demonstrate experience and knowledge that would be of benefit to Iowa? 	<p>Committed to evidenced, wraparound, team-based approach. Bidder will experience in the state programs in transitioning children from inpatient settings, early engagement in family prior to A/C. - Develop SA specific experience: keep kids safe during: entered in law - medical records. Parents & Parents how to keep kids in community: what is well: wrap-around, community based approach, 18-19 family. Placed children: many needs: allowing them to stay at home. Maggie Whitehouse: Risky, should not be longer than 6 months: the planning - engage families - individualized to planning, integration. Maggie Stratis: strengthen person/family - social planning. wraparound or bus involved during stay - identify individual's nature support. expand IEM & direct treatment planning. - follow-up gets need to be served more to d/c.</p>

Expand already reported community network
 expand evidenced-based &
 FFT - functional family therapy
 multi-systemic family therapy
 SPC

- wraparound
 - evidenced-based & non-evidenced PMICs
 W. Skill over that occurring
 services (nursing) in A-Part.
 direct with
 is going to planning - wraparound?
 not seen to be planning
 this approach like
 WA Milwaukee

Bidder Name: Magellan

7A.2.11 Appeal Process (Section 5B.2 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.11.a)</p> <ol style="list-style-type: none"> Did the bidder describe a process and provide an accompanying flowchart for the review of Enrollee appeals? Does the flowchart provide timeframes from receipt of the request, and through each review phase, up to notification? Is the described process consistent with the requirements contained in Section 5B.2 of the RFP, including the following and other requirements: <ul style="list-style-type: none"> provision of written notice acknowledging the receipt of a request for review and reasonable assistance with filing appeals, if requested? 100% of all expedited appeals will be resolved within 3 working days of receipt of an appeal. All non-expedited appeals shall be resolved within 14 days of the receipt of the appeal and 100% shall be resolved within 45 days of the receipt of the appeal? provision of a written notice of disposition that includes the requirements outlined in 5B.2.11 of the RFP? 	<p>2</p> <p>EBR - wait units + from UBAC accord-</p> <p>then next requirement detailed in RFP - covered the requirement.</p>

Bidder Name: Magellan

7A.2.12 Grievance and Complaint Process (Sections 5B.1, 5B.3 and 5B.4 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.12.a)</p> <p>1. Did the bidder describe the processes it would put in place for the review of Enrollees grievances and Eligible Persons complaints?</p> <p>2. Is the described process consistent with the requirements contained in Section 5B.3 of the RFP, including the following and other requirements:</p> <ul style="list-style-type: none"> Enrollees or their designees may initiate a grievance either orally, to be followed up in writing, or just in writing; complaints from DPH-eligible participants regarding treatment programs will be directed to DPH? provision of written notice acknowledging the receipt of a the grievance? rendering all decisions in writing with notice of right to additional review and information on the process to initiate additional review? 95% of all complaints and grievances shall be resolved within 14 days of receipt of all required documentation and 100% shall be resolved within 90 days of the receipt of all required documentation? 	<p>Grievances are referred to appropriate managers w/ i/o gen. notes quality issues to QA Director; clinical to clinical director claims → claims director</p> <p>will track satisfaction from patient! — S</p> <p>✓ Really Advise Committee w/ review quality process report — opportunities to & i-act on feedback. — S</p> <p>[work in IDMIT to help complaint process] ? no help to</p>

Bidder Name: Magellan

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.13.a)</p> <ol style="list-style-type: none"> Did the bidder describe how it would ensure that the provider network is adequate and that access is maintained or increased to meet the needs of Iowa Plan Eligible Persons? Does the proposed approach to ensuring an adequate provider network and access appear appropriate and likely to be effective? Did the bidder identify where there are potential issues of lack of capacity within the Bidder's network, and steps it would take to increase capacity? Are the identified potential issues reflective of the current Iowa service system? Are the proposed steps to increase capacity appropriate and likely to be effective? Did the bidder provide examples from current contracts of how it has ensured network adequacy in states with a shortage of psychiatrists or other specific behavioral health professionals? Do the bidder's examples from other states demonstrate experience and knowledge that would be of benefit to Iowa? 	<p>Incumbent w/ fully contracted + established network. positioned to address under gaps by building on existing network that has demonstrated ability to meet equivalent, especially for IDPH services. new website will lead to allow input + recommendations by filling service gaps + local or out of network internet net. - network strategy committee - various data points: Geo-Areas; utilization complaints; non-participation etc. - Support from stakeholders: consumers, families → website. - web-based provider list Rpt updates - data base. - utilize out of network / out of state providers e.g. Child Psychiatry in Canada, committed to meeting with Geo-Areas standards - Network Enhancement from physician contracts + Advanced Recruitment as physician shortages. IDPH work force information - Pl. 3m to follow staff training, HSA/SA, salary reviews. Do they acknowledge service gap as real? yes to minimize this.</p>
<p>7A.2.13.b)</p> <ol style="list-style-type: none"> Did the bidder describe proposed strategies to bring services to underserved communities, including, but not limited to, for: <ul style="list-style-type: none"> the use of telehealth and distance treatment options? provision of child psychiatric consultation services to primary care clinicians? Do the bidder's proposed strategies to bring services to underserved communities appear likely to result in improved access? 	<p>Are they a bit cynical re. past efforts "didn't past attempts" to increase access for underserved groups?? Telehealth: Child Health Specialty Clinics 14 sites - web-based technology - steadily funded expansion, in this regard. Get telehealth sites in 10 counties. Have plan to go to all 99 counties by 2012 through such new video contracts!</p>

Co-occurring mental/SA D/O TL.
with child implementation of Dept 5' vision of
co-occurring competencies

- western Coaching Pilot Program: Leadership; coaching; motivational interviewing.
- ASP/child & consultation: education/training; relocation.
Is the ASP consult line effective? Re: 3? evaluation?
Failure - relocation of provider BH contracting to 3 - react to 17 to remain.

Bidder Name: _____

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.13.c)</p> <ol style="list-style-type: none"> Did the bidder describe its experience under other contracts to ensure delivery of services to underserved communities when provider network capacity was initially found to be inadequate? Did the bidder's description of experience addressing initial network inadequacy for underserved communities in states where there was a shortage of psychiatrists demonstrate effectiveness? Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to addressing initial network inadequacy for underserved communities? 	<p>JN: telephone experience: 58 sites contracted at end of 2008</p> <p>PA: Montgomery Co - Co-occurring programs / This is a huge thing to do! H! Training?</p> <p>PA - mental crisis beds, medical mobile crisis unit</p> <p>Referrals provided.</p>
<p>√ 7A.2.13.d)</p> <ol style="list-style-type: none"> Did the bidder describe its experience implementing Medicaid managed behavioral health programs in which it successfully promoted the development of: <ul style="list-style-type: none"> psychiatric rehabilitation services? mental health self-help and peer support groups? peer education services? Does the bidder's description document its experience and success promoting the development of these three services and making them available to enrollees? Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting the development of and implementing psychiatric rehabilitation services, mental health self-help and peer support groups, and peer education services? 	<p>EA experience 2 yrs up, in-house psychiatric rehab model → Cleveland (9) programs: residential; Partially + rehabilitation.</p> <p>Self-Directed and pilot.</p> <p>JN & PA: IPR + Social Skills: Functional model evaluation. SDC in</p> <p>PA: Cope model - social skills for consumers beyond identity as mental illness!</p> <p>JA: Strong experience in self-help & peer groups: implemented since 2008 DBSA groups; DBSA groups - 16 groups.</p>

(and many) teams provide self help & peer support groups.

Self help / peer groups experience in AZ + TN.

Refugee w/ re-entry not delay to promote these activities

Peer Education: DBSA; WCAP

CA: Advocacy unit

Bidder Name: _____

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.13.e)</p> <ol style="list-style-type: none"> 1. Did the bidder describe its experience with contracts that include SAPT Block Grant funding? 2. Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa? 3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to contract with provides for services funded by an SAPT Block Grant? 	<p>IA Same sub contract: minor provider compliance - updates; report cards, retrospective rating: Annual compliance review. Comprehensive external audit to place high-risk files in planar.</p> <p>AZ: Montoya Co. RBA - wings with ability to find assistance, initiated eligibility rule to reach parity of wage of jobs - internal def. real time detection/entry by providers.</p>
<p>7A.2.13.f)</p> <ol style="list-style-type: none"> 1. Did the bidder describe its experience contracting with networks of comparable or greater size than those of the Iowa Plan within the timeframe afforded by this procurement? 2. Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa? 3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to timely network contracting? 	<p>Demonstrated capability specifically to IAH, evidenced above.</p> <p>FL</p> <p>PA.</p> <p>AZ.</p>

Bidder Name: Magee

7A.2.14 Network Management (Section 5C.5 of the RFP) ②	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.14.a)</p> <ol style="list-style-type: none"> Did the bidder describe how it would actively manage quality of care provided by network providers of all covered service, including the Bidder's proposed methodology for conducting provider profiling and utilizing the profiles to generate quality improvement? Does the content of provider profile reports for providers of child inpatient mental health services, providers of adult outpatient mental health services, and providers of Level II substance abuse services, appear to adequately capture the critical elements of the performance of each of those providers? Do the reports contain indicators for performance which address clinical quality, access, utilization management, linkage with primary care physicians, and enrollee satisfaction, at a minimum? Are the sample report content descriptions missing any major areas of provider performance one would expect to see in the report? Is the timing of report distribution proposed by the bidder frequent enough to ensure that all provider and service types will be profiled and will receive reports at least quarterly? Did the bidder describe explicitly how the bidder would interact with each provider following the distribution of each profile report? Does the bidder's proposed approach for generating and facilitating improvement in the performance of each profiled provider seem like it will be effective? Does the bidder's proposed approach include interactive communication between bidder staff and providers in which feedback is shared? Did the bidder indicate how it would periodically assess provider progress on its implementation of strategies to attain improvement goals? Did the bidder adequately describe its process for identifying areas of improvement with providers and setting improvement goals for priority areas in which provider performance falls below acceptable or benchmark levels? 	<p><u>Bidder Entity has committed to share in provider engagement to identify + address gaps for improvement across the network.</u> <u>Magee adopted provider Relations Plans to meet needs of providers for CGI.</u> <u>Provider Relating efforts:</u> ensure bidder meets requirements to meet minimum contract standards + yield profits on 250 providers per quarter. Profiles are benchmarked for like providers + against national standards like Nat'l outcomes measures (NOMs) Annual review of appropriateness of profile needs + reliable data, consensus, stakeholders + providers, as well as Regula staff. Examples of the 3 provider types for public & RMT in kits, up and down, SA services providers. <u>Requirements:</u> Demographic; Clinical quality outcomes; Access; UM; Quality & Reliability, Rx mgmt; PCP Linkage; Clinical Records. - All entities will be available for approval by 12/1/09 - 1 yr. ahead of requirement. - web-based profile ready for use by 3/31/10. The steps to profiled providers: ① ② ③ 4 step process: Report expectation; Report Distribution; TA; Training + orientation. ① outlier identification ② web access to profile; comparisons; benchmark data! ③ 1:1 TA - explanation ④ after CEU completion.</p>

Bidder Name: _____

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.14.a) (continued)</p> <p>11. Did the bidder describe a process of frequent reassessment of provider performance on improvement goals, including face-to-face meetings with appropriately qualified bidder staff? Does it appear appropriate and likely to be effective?</p> <p>12. Did the bidder provide examples for how provider profiling has been utilized to improve service delivery? Does the approach appear to have resulted in measurable quality improvement?</p> <p>13. Did the bidder describe how it intended to reward providers that demonstrate continued excellence or dramatic improvement in performance over time and how the bidder would share "best practice" methods or programs with providers of similar programs in its network?</p> <p>14. Did the bidder describe how it intended to penalize providers that demonstrate continued unacceptable performance or performance that does not improve over time?</p> <p>15. Does the proposed use of rewards and penalties appear appropriate and meaningful for network providers?</p> <p>16. Are the proposed methods for sharing best practices likely to support replication by other network providers?</p>	<p>- Timeliness & how the assessing body begins individualized monitoring before of the goals & performance.</p> <p>2 examples of Incentive series through bidding</p> <p>① Non-authorization rate: not very important:</p> <p>② " " " 19.5% ↓ 28% in month-end.</p> <p>③ P4P: increased providers doing their own performance indicators needed!</p> <p>SA example re. Level III - 3 & 5 LOC - 50% of the fee & make.</p> <p>Provider rating calculation: select on weight for higher performing providers.</p> <p>Sharing Best Practices: highlight in profile ap. to: best practice awards: with a publication series of Excellence-Recognition program.</p>			

Punishment: sanction they perceive - Th. n.

Bidder Name: _____

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.14.b)</p> <ol style="list-style-type: none"> Did the bidder provide a description of how network management activities performed for other state clients that are comparable to those described in Section 5C.5? Did the description convincingly convey that the bidder has effectively operated comparable network management activities for state clients? 	<p>RA. ARE TN In Hermon's by an include sample/matrix - details of needs; Distribution; FLO; Results.</p>
<p>7A.2.14.c)</p> <ol style="list-style-type: none"> Did the bidder provide copies of provider profiles employed for two clients? Do the profiles demonstrate the bidder's experience and capacity to generate the type of provider profiles required by this RFP? Did the bidder describe measurable performance improvement that resulted from the provider profiles? Is the bidder's demonstration of improvement resulting from the use of provider profiles credible and significant? 	<p>Included JA & LA. would like to see more benchmarking on metrics! redox in client level of the JA profile - not the same. Clear sub-headers - not very complete!</p>
<p>7A.2.14.d)</p> <ol style="list-style-type: none"> The bidder describe how it would assure the accuracy of ISMART data submitted by the providers of substance abuse services comprehensive? Is the proposed plan appropriate and likely to be effective? 	<p>Equivalent Data Reviews Rpts - each month, Rpt - spot check - identifying problem & dot, Sample Rpts - results are good on indicators only for which.</p>

What other publicly posted information? - benchmarking?

Bidder Name: Majulan

<p>√ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p> <p style="text-align: right;">(2)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.15.a)</p> <ol style="list-style-type: none"> Did the bidder describe experience in using data-driven evaluation of organization-wide initiatives to improve the health status of covered populations? Does the bidder possess meaningful, successful experience in using data-driven evaluation of organization-wide initiatives to improve the health status of populations? Did the bidder provide quantified, statistically significant evidence of improved: <ul style="list-style-type: none"> mental health quality - process measures substance abuse quality - process measures mental health quality - functional or clinical outcome measures substance abuse quality - functional or clinical outcome measures mental health quality - consumer-reported outcome measures substance abuse quality - consumer-reported outcome measures Did the bidder's references confirm the bidder's effectiveness generating statistically significant improvement in population health status? 	<p>moved from PDCA to Six Sigma: 7 day flu season - did not use HEDIS standards (?) - they want can examples of flu hits? off</p> <p>mit - data to stat. sig. improvement</p> <p>SA 14 day flu post d/c activities w/ improvement in stat. sig.</p> <p>mit - clinical outcome - readmissions. <u>ICM readmissions</u> ↓ 2014 - 2016</p> <p>SA - simulation - readmissions - model using + empirical results to test 24 w-SA facilities.</p> <p>mit consumer reported outcome - Expense & Rehab. pilot - Recovery Amount scale + stat. sig. - improvement!</p> <p>SA consumer satisfaction: multi-ph community + resident training</p> <p>SA patients - covering d/c, multiple interventions - results were stat. sig. improvement in satisfaction.</p>
<p>7A.2.15.b)</p> <ol style="list-style-type: none"> Did the bidder describe its experience implementing instruments in publicly funded managed care programs that assess changes in functional status and/or recovery? Did the bidder's description specify tools, populations, sample sizes, findings, and how the bidder acted upon it findings? Does the bidder's demonstrated experience indicate its capacity to implement such instruments in Iowa, and to make good use of the findings? 	<p>Experience in GA, PA, AZ, TN, FL, NY → Outcomes 360 - web-based, all-in-one with many users on CC.</p> <p>Tools: Consumer Health Inventory / CHI - child; outcomes Recovery Scale / ORES - child; Recovery Scale / RS - child; Adult Needs & Strategies (CANS; Forehand / Thomas) Recovery Scale / Child FARS; CAFAS etc.</p> <p>Publications: CHI / CHI - child - 3,000+ articles - have rich data base of assessment results from other states - support research & how results were used, though varying.</p>

36 vs 36

IA: Consumer Health Inventory: band on SF-12 sub + kids - in physical health & mental outcomes - 268. 472 answers compiled. 7 in physical health & 268. AZ: (2500) initial (193) 2nd; (22) 3rd. why not a deep-dive??

Recovery Amount Scale: IA & PA 10,000 surveys: As Self-Directed Care project: IA - compare ORES + ROC w/ FARS alone. Really on PAS - significant improvement after 1 year. Expected that for results w/ limited data PAS - not possible to change EPR data - in particular.

Poleis Health Direction outcome mgt system: - self, computer + clinical mgt assessments for mental outcome - GA + PA: CANS, ANS, BASIS-24

IA - used Poleis in - research for quality project - creates - reports - of improvement in 36-month CANS + 22 adults - 1700.

PA - CANS 29 kids - some with outcome + service outcome of mobility + com.

Bidder Name: Magee/lan

<p>√ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.15.c)</p> <p>1. Does the bidder describe an array of different methods by which consumers and family members would be proactively engaged by the bidder in the Quality Assessment and Performance Improvement program? Possible techniques that the bidder might have cited include:</p> <ul style="list-style-type: none"> • adding consumers and family members to bidder-sponsored quality improvement teams; • using advisory groups or focus groups to advise the identification and design of possible improvement projects, and • using surveys to elicit consumer and family members suggestions and/or feedback. <p>2. Does it appear that consumers and family members would have a substantive role bidder in the Quality Assessment and Performance Improvement program based on the bidder's response?</p>	<p>Bidder solid, established position in IA since inception!</p> <p>QIC: Quality Improvement Committee operation. <u>sub of involvement</u></p> <p>Partners: <u>Quality Direct Committee</u>; <u>Externality Accountability</u> - 19 hr updates; ongoing call; enhanced communication protocols; <u>Training</u>: hospital training efforts to enhance participation.</p> <p>QI communication Log: mid specific on how this works w/ QIC at hub.</p> <p>IA Plan Advisory Committee <u>of improve</u> by giving feedback from brother farms, word table, stakeholder etc through routine agenda items.</p> <p><u>Reviewing Advisory Committee</u> - 12 stakeholders: family, community, parents etc. "go to say"</p> <p><u>Service-specific Roundtable</u> IPR, feedback, co-occurring feedback.</p> <p><u>Stakeholder Circle</u> extend current to 65+ population.</p> <p><u>Community Educational Forum</u> - NEW, establish experience of core services - <u>new</u></p>
<p>7A.2.15.d)</p> <p>1. Did the bidder describe how it would use pharmacy data to improve quality, including to:</p> <ul style="list-style-type: none"> • identify utilization that deviates from clinical practice guidelines for schizophrenia and major depression, and • identify those Enrollees whose utilization of controlled substances warrants intervention either because of multiple prescribers, excessive quantities or prescribing that is inconsistent with the clinical profile of the Enrollee. <p>2. Does the bidder's description demonstrate a good understanding of the use of pharmacy data for quality improvement and seem likely to be effective?</p>	<p><u>Particular Assignment</u>: Consumer Family Engagement Teams - <u>NEW</u> through consumer advocacy org. RFP process.</p> <p><u>Community Liaisons</u>: <u>NEW</u> - recruit and externally to community to get feedback on how Magee is doing.</p> <p><u>Magee Accountability</u>: <u>Patented website</u> to IA Plan. - <u>Feedback</u> option.</p> <hr/> <p>Clinical Director projects in IA RFP program + mid on hand:</p> <p>utilize Chronic Med program to determine Rx data against guidelines for tx of schiz + dpo + schiz, controlled substances. - <u>Algorithms</u></p>

(14) Depression/Schiz: Algorithms apply various edits to identify potential deviations: age-specific, until add elderly to gather - tryed.
 one patterns of deviation from previous pattern identified; collaborate w/ RUP + IME to the activities to provide the TRV.

Rx Adherence: family self monitoring → ER + ER admission. Gaps in rx still may be observed to some of the tracking methods.

Psychotropics for best: identify apparent inappropriate use of psychotropics for best.

Controlled Substances: multiple prescribers, excessive doses/quantities/early refills or requests → can be individuals → IME look-in notes.

Sub-Set/Algorithms: inappropriate Rx for Adolescents: "pharmaceuticals" RFP support Commit Laws + training.

Bidder Name: McGowan

<p>√ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.15.e)</p> <ol style="list-style-type: none"> Did the bidder describe its identification of the greatest opportunities for quality improvement in public managed behavioral health programs like the Iowa Plan? Does the bidder's description of the greatest opportunities for quality improvement indicate a profound understanding of public sector behavioral health programs? Are the opportunities consistent with what the Evaluator might identify as high priority opportunities? Are the quality improvement approaches described likely to result in improved function and well being for enrollees? Did the bidder describe approaches to realize two such opportunities in Iowa? Are the proposed approaches appropriate and likely to be effective? 	<p><u>IA Expansion to QIS</u> <u>Consumer Movement</u> // <u>7 other public sector K's</u> // <u>next 10 months</u> <u>IA Plan vision</u>: ① <u>Continue expansion of Recovery & Rehab Svs.</u> Tackling ability of peer support specific to SA + CST; Parent/consort support model. ② <u>Co-occurring Conditions Coordination</u> Primary care Tackling mental health & learning Tackling language barriers (state and local) ③ <u>Support for family & children</u> parent/consort support svs; PMSC Tackling planning; <u>Expand Outcomes Measurement</u>: ④ <u>CQE - facilitate CQE into provider practices</u> - <u>how??</u> <u>Approach - 2 opportunities</u>: <u>Outcomes Measurement</u> & <u>4-Step Approach</u> <u>CQE → multiple models</u>: <u>Multiple Forum for CQE leadership</u> - <u>thoughtful - real-time</u> <u>6 Steps DYNAMIC model</u> <u>Monitor quality with incentives</u>: <u>ERP utilization</u>; <u>Tracking results</u> <u>Expand Reach for Quality</u>: <u>Statewide PUP</u> <u>Pilot recruitment</u> - <u>in SA in JEPRE + improving enrollment</u> <u>EB PUP</u>: <u>ALAM ID</u> - <u>ISCC</u> - <u>flu with 7 days d/c</u></p>
<p>7A.2.15.f)</p> <ol style="list-style-type: none"> Did the bidder describe experience adapting policy or procedures based on input from publicly funded consumers and advocacy groups? Did the bidder convincingly document that these efforts have had a measurable beneficial impact on its members? Do the bidder's references confirm that the bidder has used consumer and advocate input to shape policy and procedure and that this work has had a measurable impact on members? 	<p><u>ACT established as a result of NAMT advocates meeting ACT</u> <u>ACT Technical Assistance Center established (VotE)</u> <u>5 sites → 279 Enrollees</u> <u>Members</u>: <u>As # of Act help. per/post.</u> <u>% of membership per/post.</u> <u>Per Symptom</u> establish AD as a specific state reimbursement model // <u>Reimbursement summary</u> - <u>good scores 4.9 on</u> <u>Recovery Centers</u> - <u>present at RFP process</u> - <u>2007 system</u> - <u>Core 25</u> <u>WRAP, peer support, recovery</u> - <u>measures of multiple aspects of recovery</u> <u>Real Recovery Plan</u> - <u>IA Advocates to m) Recovery</u> → <u>ORA pages</u></p>

16 ORA pages // attendance of participants

Bidder Name: _____

<p>√ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.15.g)</p> <p>1. Did the bidder describe the process by which the Bidder would conduct retrospective monitoring of all substance abuse service providers in accordance with Section 5.D.1.2?</p> <p>2. Does the description include:</p> <ul style="list-style-type: none"> The source of the evaluation tool with which the bidder would assess the appropriateness of clinical services delivered? What actions the bidder would propose to take with a provider who it has determined does not deliver services or follow contract guidelines appropriately, both in the event of an initial finding and of a repeated finding? <p>3. Does the proposed process appear appropriate and likely to be effective?</p>	<p>Current Program: Retrospective Clinical Review + Block Grant from the Performance Review Agency as a requirement.</p> <p>(BG)</p> <p>Retrospective Clinical Tool: established by medical committee + consisted variety of reviews - JMS ACP; Kymenets; possible input; Dept. input; SCAHO standards; NCBAA output + EDHS narrative standards. Developing a (re-occurring) Clinical Tool.</p> <p>BG Tool - check list + input requirements.</p> <p>Sample methodology for Review: method, random sampling - random selection - appropriate sample.</p> <p>On-site from - review of records.</p>
<p>7A.2.15.g) h</p> <p>1. Did the bidder provide a copy of a 2008 QA plan that the bidder developed for a publicly funded client?</p> <p>2. Does the QA plan depict a comprehensive, well-designed approach to quality assurance and performance improvement?</p>	<p>BG reviews submitted w/ SAM form - Back then</p> <p>Actions: w/ 4 weeks - summary of findings to provider.</p> <p>BG 2008 - Action Plan required w/in 30 days - findings, technical assistance; but provider must</p> <p>Report Findings referred to Coord. Committee</p>

- shut referrals + transfer to other services.
- withhold monthly disbursement
- 1. Annual review referral
- review eligibility for BA Plan (ambulatory)
- review contract to ensure EDHS + consider revisions ??

(h)

moving to NCBAA accreditation so subsequent plan reflects this

- implementing changes this year - they will be implemented

Day 1 of new contract!

Change of membership - in video from Dan Heit is a big new -

very good example - all components, infrastructure; Accountability; measures etc.

Bidder Name: May/11/11

7A.2.16 Prevention and Early Intervention (Section 4A.4.2 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<ol style="list-style-type: none"> Did the bidder describe the strategy that it will invoke in order to increase access to and utilization of prevention and early intervention services? Is the strategy appropriate and likely to be effective? Did the bidder describe its experience in implementing such strategies under other contracts? If so, do the other programs appear to be well conceived? Was the bidder able to demonstrate that the programs had measurably affected changes improvements in access to and utilization of prevention and early intervention services? Do the bidder's references confirm that the bidder has successfully implemented strategies to increase access to and utilization of prevention and early intervention services and that this work has had a measurable impact on members? 	<p>1</p> <p>Hx of delivering NCBIA compliant programs MA - Key, state program & Total-net/crow Screening Sub seen as just more paperwork Planning: Identify key target populations: - Children/adults adults to complex needs 65+ Agency collaboration & stakeholder network Collaboration partners Selection of Screening Tools</p>

IA Experience:

- 1 project per year:
- * Depression Screening for Boston Complex Medical needs
- * Postpartum Depression Screening
- * ADHD S.H.I.G. / Rose not known. (2004) not very effective
- way to engage parents & complex tool.

Recommendation: lessons learned from ADHD project.
market-ERNE: high insurance → com.
Screening identified by ERNE staff - com. do flu.
provides off the hook.
Some positive change NHB-9.

AT Experience: SA prevention
SAMHSA's Strategic Prevention Framework model
Community development: id. any gaps & report to public info
rule 1: 578 reduction in
any number of projects to AHA.
2-CAW
JAN
SAU.

4-1. 65+ - depression tool NHB-9
CAADIS

Program Design: NCBIA standards as model.

Implementation:

Meaningful ongoing consultation & Community Stakeholder
involvement.

eg. AT experience - broad-based support.

Data distribution:

Prep & Training:

Systematic & FIV: what about individual gaps
of various? what do I do
now?

Evaluation

strategic measure impact both
quantitative & qualitative.

Bidder Name: _____

Mythos

<p>7A.2.17 Management Information System (Section 6.4 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.17.a)</p> <ol style="list-style-type: none"> Did the bidder describe in detail the management information system the Bidder would implement for the Iowa Plan? Did the description emphasize the way in which the MIS system would function to gather required data and produce required reports as well as providing detail on hardware capabilities? Does the bidder's response address all of the other requirements of Section 6.4 of the RFP? 	<p><i>(2)</i></p> <p>Fully integrated IS - has linked to program, was present in 2009. i5 IP system Dept compliance; ACA/HHS report. Integrated Budget; Claims Processing; Health Application WAS - user friendly - summer of '09. - <u>Training (600)</u> Highly configurable system! - And. J. Ter. J. Back-ups - <u>Documentation</u> - <u>Portable</u> <u>Instructions</u> <u>Custom Dashboard - internal reports</u> <u>Annual Budgets + And. J.</u></p>
<p>7A.2.17.b)</p> <ol style="list-style-type: none"> Did the bidder describe adaptations to its MIS which would be made to allow reimbursement for covered, required and optional services provided even if the Enrollee's Medicaid eligibility and Iowa Plan enrollment effective date were determined subsequent to the Eligible Person's month of application? Do the bidder's proposed adaptations to its MIS to allow reimbursement for covered, required and optional services provided to enrollees whose eligibility and Iowa Plan enrollment effective dates were determined subsequent to their month of application appear appropriate and likely to be effective? 	<p>System already is complete: will add to existing Effective system, some implementation!</p>
<p>7A.2.17.c)</p> <ol style="list-style-type: none"> Did the bidder describe an adequate process to ensure appropriate allocation of reimbursement when: <ol style="list-style-type: none"> services are being provided to a person who was a Medicaid enrollee and whose Medicaid eligibility terminated and the person then, during the same treatment episode, became a IDPH participant/ services are being provided to a person who was a IDPH participant receiving services and, during the same treatment episode, became a Medicaid enrollee/ Do the references provided by the bidder confirm that the bidder has been able to provide a management information system that meets the business needs of other publicly funded programs that are comparable to the Iowa Plan? 	<p>has been completed since inception to current capabilities - I - SMART system.</p>

Bidder Name: Magnum

<p>7A.2.18 Financial Requirements (Section 6.6 of the RFP)</p> <p style="text-align: center;">(1)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.18.a)</p> <p>1. Did the bidder disclose the financial instruments the bidder would use to meet the requirements of all funds and accounts required in Section 6.6 of the RFP? The requirements are that the Contractor must establish prior to the payment of the first capitation payment and maintain at all times, three accounts or funds as follows:</p> <ol style="list-style-type: none"> 1) an Insolvency Protection Account, that must contain at all times, an amount equal to two (2) months of the anticipated annual Medicaid capitation amount; 2) a Surplus Fund, in an amount equal to one and a half times the Contractor's average monthly Medicaid capitation payment; and 3) Working Capital in the form of cash or equivalent liquid assets equal to at least three months' operating expenses. <p>2. Did the bidder disclose the source of the capital required?</p> <p>3. Do the bidder's proposed instruments meet the requirements of Section 6.6 of the RFP and appear to be appropriate and adequate instruments?</p> <p>4. Does the bidder's source of capital appear to be sufficient and stable?</p>	<p>- short-term investments (1 year term) \$20.176m in place for insolvency. held by Magellan BH. Two points: mg/1/1m 1/1m 1/1m MBH. MBH will provide any additional capital. Community Reinvestment Fund 2.5% of monthly capitation clear fund in separate trust-being set.</p>

Bidder Name: _____

Mygdon

7A.2.18 Financial Requirements (Section 6.6 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.18.b)</p> <ol style="list-style-type: none"> 1. Does the bidder demonstrate that its organization is financially sound? 2. Do the bidder's financial statements and those of any corporate parent support its claims? 3. If the bidder is not financially sound, has it taken corrective measures to address and resolve any identified financial problems? Are these measures likely to be successful? 4. Does the bidder attach the most recent two years of independently certified audited financial statements of the bidder's organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable? 5. Did the bidder provide its most recent three (3) years of independently certified audited financial statements of its organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable? 6. Do the audited statements reveal any financial problems, legal liabilities, or relevant corporate relationships that the bidder has not mentioned or that raise concern regarding financial stability, legal liability or corporate interests? 	<p><i>Strong financial position - Public stocks - p.31.11.18</i> <i>MBH share has increased while competitors have declined.</i> <i>- Audited financials - Attachment D.</i> <i>Mygdon (parent) has cash & interest</i> <i>reserves: \$321m unrestricted cash.</i> <i>net income \$2.635 - net income \$1.2m</i> <i>before cash flow loss 3 fiscal years.</i> <i>Mygdon is guarantor of Mygdon of IA.</i></p>
<p>7A.2.18.c)</p> <ol style="list-style-type: none"> 1. Did the bidder discuss what impact the recent declines in the stock market have had on the Bidder's financial stability, how the Bidder has responded, and any implications for the Bidder's ability to meet the requirements of this RFP? 2. Did the bidder demonstrate that recent stock market declines have not put in jeopardy the bidder's ability to meet the requirements of the RFP, including the maintenance of necessary liquidity? 	<p><i>No impact on financial stability - strong financial position.</i> <i>high quality, liquid, diversified portfolio -</i> <i>front end form. 12/18</i> <i>\$321m unrestricted cash.</i></p>

Bidder Name: _____

Meylan

7A.2.19 Claims Payment by the Contractor (Section 6.7 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.19.a)</p> <ol style="list-style-type: none"> Did the bidder describe the process it would implement to ensure compliance with the required time frames for claims processing? Is the process consistent with the requirements set forth in Section 6.7 of the RFP? Does the process the bidder would implement to ensure the bidder's compliance with the required time frames for claims processing appear appropriate and likely to be effective? 	<p><i>Given track record - guarantees on hand compliance.</i> <i>Claims Adjustment and Payment System. EIT 51%</i> <i>2015 99.9% of all claims in 30 days. in 30 days!</i> <i>94.74% in 12 days. - excellent performance.</i> <i>Agreed to increase from 12 - 15 to 20</i> <i>80 90 89</i></p>
<p>7A.2.19.b)</p> <ol style="list-style-type: none"> Did the bidder describe its experience implementing contracts in which the claims payment process supported the accurate and timely payment of claims as of the first day of operations? Do the references provided by the bidder confirm that the bidder has been able to successfully implement accurate and timely payment of claims as of the first day of comparable contracts? 	<p><i>Auto-Adjustment capabilities; claims processing workflow.</i> <i>Flexible Ely. LIT system.</i> <i>EFT/ERA ; 100% Funds -> J-MART.</i> <i>CUB</i></p> <hr/>

Expenditure - will be only one.

65% - no performing claims or major implementation tasks.

Expend in AFTN & PA.

Bidder Name: _____

7A.2.20 Fraud and Abuse (Section 6.8 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.20.a)</p> <ol style="list-style-type: none"> Did the bidder describe how it will comply with the Departments' Fraud and Abuse requirements? Did the bidder provide examples of how its internal controls successfully work to prevent Fraud and Abuse? Did the description completely address the requirements as defined within Section 6.8? Is the bidder's proposed approach appropriate and likely to be effective? 	<p>Fraud Abuse Plan Designated IA Compliance officer & committee. Special Investigations Unit. - internal & external audit. Corporate SEU - external IA. Mgmt of IA compliance supported by corporate compliance. P&P's & Standards of Conduct. Ethical behavior. ?? Policy whistleblower protections.</p>

Internal/External
Referral
Fraud Unit ??

SAs to ?

Large claim by unit
with distinction?
was it true?

special unit
RA's & members

Employee Training & Education: whistleblower(?).

Disciplinary Guidelines.

Claims est.

Claim Fraud Evaluation - to exist claims
personal & id. potential
find.

Fraud Abuse Training

Risk Mgmt → internal for recovery of
overpay m+

IA Plan much more extensive -

*. monitor IA no further -
did you receive these books?

Bidder Name: McMillan

7A.3 Corporate Organization and Experience --- 15%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 15 pages.

Does it exceed? Y/N?

7A.3 Corporate Organization and Experience (Section 6.8 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.a)</p> <p>1. Did the bidder provide the following information on all current publicly funded managed behavioral health care contracts?</p> <ul style="list-style-type: none">i. contract size: average monthly covered lives and annual revenues;ii. contract start date and duration;iii. general description of covered population and services (e.g., Medicaid AFDC + SSI, state-only population, mental health, substance abuse, state hospital, etc.);iv. the company or agency name and address, andv. a contact person and telephone number? <p>2. Does the information indicate that the bidder has experience with contracts that are comparable in size and scope to the Iowa Plan?</p> <p>3. Did the bidder include letters of support or endorsement from any individual, organization, agency, interest group or other entity despite the prohibition in the RFP from doing so?</p>	<p>Y →</p> <p>↓</p> <p>Y →</p> <p><u><u>NO</u></u></p>			

Bidder Name: My 11/17

7A.3.1 Organizational Information	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.1.a)</p> <p>1. Does the bidder provide all of the following (as required by the RFP)?</p> <ul style="list-style-type: none"> • lists and organizational charts showing any and all owners, voting and non-voting members of the Board of Directors, officers and executive management staff, including CEO, COO, CFO, Medical Director, UM Director, QM Director and MIS Director or equivalent functional personnel? • the curriculum vitae for the aforementioned executive management staff? • if the bidder is a wholly or partly owned subsidiary or partnership, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its parent(s) and any other related organizations? • an organizational chart depicting the bidder in relation to the corporations to which it is a subsidiary or partner? • if the bidder has subsidiaries, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its subsidiaries? • an organizational chart depicting any subsidiaries in relation to the bidder? <p>2. Are any key positions vacant?</p> <p>3. Do senior officers appear to be appropriately qualified?</p> <p>4. Are there any apparent corporate relationships that would introduce a conflict of interest if the bidder were awarded the contract?</p> <p>5. If the bidder is a subsidiary or partnership, are the parent corporations or partners engaged in business activities that are complimentary to, and likely to provide long term support to, the bidder?</p> <p>6. If the organization is a partnership, is the line of authority clearly delineated?</p>	<p>Y</p> <p>Y</p> <p>NO</p> <p>Y</p> <p>Y</p> <p>Y</p>			

Bidder Name: _____

7A.3.2 Disclosure of Financial or Related Party Interest	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.2.a)</p> <p>1. Does the bidder disclose any legal, financial, contractual or related party interests which the bidder(s) shares with any provider or group of providers, or provide a statement of no financial or related party interest?</p>	<p>Yes, SAME Blenk (LHA) + 2022 Pick Provider Adv.</p>			
<p>7A.3.2.b)</p> <p>1. Does the bidder (and if the bid involves a partnership or another type of joint venture, any of the bidders) share a financial or related party interest in any provider or group of providers, does the bidder set forth a mechanism by which it proposes to prevent any preferential treatment to those entities with which it shares a financial or related party interest?</p> <p>2. If the response to #1, above, is affirmative, does this mechanism effectively prevent preferential treatment to those provider entities in which it shares a financial or related party interest?</p> <p>3. Is it likely that the bidder's mechanism will prevent the following situations which might indicate an attempt to ensure financial gain (from RFP Section 5C.3):</p> <ul style="list-style-type: none"> • a change of the distribution of referrals or reimbursement among providers within a level of care? • referral by the Contractor to only those providers with whom the Contractor shares an organizational relationship? • preferential financial arrangements by the Contractor with those providers with whom the Contractor shares an organizational relationship? • different requirements for credentialing, privileging, profiling or other network management strategies for those providers with whom the Contractor shares an organizational relationship? • distribution of community reimbursement moneys in a way which gives preference to providers with whom the Contractor shares an organizational relationship? • substantiated complaints by enrollees of limitations on their access to participating providers of their choice within an approved level of care? 	<p>Yes.</p> <p>Yes</p> <p>Yes</p>			

Bidder Name: _____

7A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.3.a)</p> <p>1. As far as the evaluator is aware, did the bidder disclose all relevant information in response to the following RFP questions and requirements or make a statement that there is no applicable information (as required by the RFP)?</p> <ul style="list-style-type: none"> During the last five years, has the bidder or any subcontractor identified in this proposal had a contract for services terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the initial contract provisions? If so, provide full details related to the termination. During the last five years, has the bidder been subject to default or received notice of default or failure to perform on a contract? If so, provide full details related to the default including the other party's name, address, and telephone number. During the last five years, describe any damages, penalties, disincentives assessed or payments withheld, or anything of value traded or given up by the bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by the RFP and the resulting Contract. Indicate the reason for and the estimated cost of that incident to the bidder. During the last five years, list and summarize pending or threatened litigation, administrative or regulatory proceedings, or similar matters that could affect the ability of the Bidder to perform the services contemplated in this RFP. During the last five years, have any irregularities been discovered in any of the accounts maintained by the Bidder on behalf of others? If so, describe the circumstances of irregularities or variances and disposition of resolving the irregularities or variances. The bidder shall also state whether it or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services contemplated in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony. 	NO	NO	NO	NO

Bidder Name: _____

7A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.3.3.a) (continued)</p> <p>2. If the bidder disclosed that it, or one of its subcontractors, had defaulted on a contract or had a contract terminated for cause, and the project contact person was contacted, what was the explanation given for the problem and does it raise concerns regarding the bidder's qualifications as the State's Contractor?</p> <p>3. If the bidder disclosed that, during the previous five years, legal action was taken against the bidder or if any legal actions are pending, does the explanation and status update provided by the bidder alleviate any concerns regarding the bidder's qualifications as the State's Contractor?</p> <p>4. If the bidder's current corporate configuration is related to mergers, did the bidder provide the requisite responses to the questions above for all components of the merged entities (as required)?</p>	<p>N/A</p> <p>↓</p>

Bidder Name: _____

7A.4 Project Organization and Staffing - 15%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 10 pages.

Does it exceed? Y/N?

7A.4.1 Organizational Chart	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
1. Did the bidder provide an organizational chart that demonstrates: a) the bidder's corporate structure? b) the reporting relationship which staff assigned to the Iowa Plan would have with other parts of the bidder's corporate structure? 2. Does the proposed reporting relationship between staff assigned to the Iowa Plan and other parts of the bidder's corporate structure appear appropriate and likely to be effective? Does it appear that the Iowa Plan-assigned staff will receive sufficient corporate attention and support?	 Y Y Y

Bidder Name: _____

7A.4.2 Chart or Other Presentation	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Does the chart or other presentation provided by the bidder clearly show the following?</p> <ul style="list-style-type: none"> a) every position which would be working on the Iowa Plan? b) the name and qualifications of the proposed Iowa-based individual who would have management responsibility for Iowa Plan operations? c) the reporting relationships between those positions? d) the credentials required of individuals to be hired for each clinical and management position? e) the office locations of each individual? <p>2. Do the types and numbers of staff to be assigned to the Iowa Plan appear to be sufficient in number and have the appropriate credentials?</p> <p>3. Are adequate resources dedicated to serving DPH Participants?</p> <p>4. Is the staffing distributed appropriately given the allowable distribution of administrative costs to each funding stream (i.e., Medicaid 13.5% or less; DPH, 3.5% or less)?</p> <p>5. Are the UM, QA, claims and systems senior management positions appropriately qualified and reporting at an appropriately senior level of the organization?</p>	<p>Y3</p> <p>↓</p> <p>Y7</p> <p>Y7</p> <p>Y7</p> <p>Y9</p>			

Bidder Name: _____

7A.4.3 Chart or Other Presentation	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Does the chart or other presentation provided by the bidder clearly show the following?</p> <p>a) the subcontractors (excluding network providers) who would be working on the Iowa Plan?</p> <p>b) the responsibilities of those subcontractors?</p> <p>c) special skills of those subcontractors?</p> <p>d) the location of the office of each subcontractor from which they will provide their subcontracted services?</p> <p>2. If there is more than one subcontractor, does the number of subcontractors appear to be too large or to potentially hinder the bidder's successful operation of the program?</p> <p>3. Did the bidder propose to subcontract any functions that the evaluator believes are integral to successful program operation and should not be subcontracted?</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>			<p>No</p>

Bidder Name: Mg/16

7A.4.4 Financial Information	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
1. Did the Bidder provide the following information: <ul style="list-style-type: none">audited financial statements from independent auditors for the last three years. If the bidders did not have financial statements, did it provide a detailed explanation of why they are not available and provide alternatives that were acceptable to the Departments?a minimum of three written financial references including contract information?	Yes			
2. Do the financial statements or alternative financial information demonstrate that the bidder has the financial wherewithal to serve as a stable partner to the state?	Yes			
3. Do the financial statements or alternative financial information raise any concerns about the bidder's qualifications to serve as the Iowa Plan contractor?	No			
4. Do the references provided by the bidder confirm that the bidder has conducted its financial business in an appropriate manner and is qualified, based on its financial practices and financial status alone, to serve as the Iowa Plan contractor?				

Bidder Name: _____

7A.5 Budget Worksheet and Narrative - 10% This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 3 pages. Does it exceed? Y/N?

7A.5 Budget Worksheet and Narrative	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
1. Does the bidder propose that the percentage of the Medicaid capitation payment allocated to the Medicaid Administrative Fund will be less than the RFP-specified maximum of 13.5%?	Yes 12.5%			
2. Does the bidder propose that the percentage of the IDPH payment allocated to the IDPH Administrative Fund will be less than the RFP-specified maximum of 3.5%?	Yes 2.9%			
3. Does the bidder propose using the Community Reinvestment Account fund on: <ul style="list-style-type: none"> services that would benefit eligible persons? services that the bidder has identified in response to 7A.2.6.b), 7A.2.13.b), or other questions within Section 7 of the RFP? (this question is to assess internal consistency within the bidder's response) 	Yes 7.8. EB's 65+ services, 1st yr in upstate during 1st yr of rollout MA, IA, MT. & Academy 405 at prices extending only only			

(Y)

25.693 per pm

Cent 31.86

ULO 25.62

Bidder Name: Myellen

7A.6 Required Certifications	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
1. Does the bidder include all the required certifications? (Y/N) <ul style="list-style-type: none">• RFP Certifications and Mandatory Guarantee• Release of Information• Mandatory Requirements and Reasons for Disqualification	Y → Y Y			

Bidder Name: Magellan

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Strengths and Weaknesses of the Response Submission
<p>7A.2.8.a)</p> <p>2. If the bidder attached guidelines for the application of ASAM criteria, do the guidelines the bidder would use for the authorization or retrospective monitoring of substance abuse services appear to be appropriate?</p>	<p>Strenghts:</p> <p>Clinical process information.</p> <p>Good detail of how ASAM can/will be used.</p> <p>Liked case examples.</p> <p>Easy to providers to understand how to use.</p> <p>Weaknesses:</p> <p>Some repetitive information</p> <p>Difficult to find any weaknesses.</p>

Magellan of Iowa

Iowa Plan Reprourement Evaluation

7A.2.18.a)

Did the bidder disclose the financial instruments the bidder would use to meet the requirements of all funds and accounts required in Section 6.6 of the RFP? The requirements are that the Contractor must establish prior to the payment of the first capitation payment and maintain at all times, three accounts or funds as follows:

Insolvency Protection Account
Surplus Fund
Working Capital

Yes, they will use a combination of short-term investments and cash to meet the requirements of all funds and accounts.

Did the bidder disclose the source of the capital required?

Yes, they currently have over \$20M in ^{capital cash} place that was provided by their parent company.

Do the bidder's proposed instruments meet the requirements of Section 6.6 of the RFP and appear to be appropriate and adequate instruments?

Yes, the parent company, Megellan Health Services has a cash balance of \$212 M as of December 31, 2008.

Does the bidder's source of capital appear to be sufficient and stable?

Yes, Megellan Health Services has had sufficient and stable cash balances over the years.

7A.2.18.b)

Did the bidder demonstrate that it's organization is financially sound?

Yes, Magellan of Iowa has shown that they are financially stable. Their parent company, Magellan Health Services, has also shown that they are financially stable with a large amount of unrestricted cash and investments. They also have strong, stable financial ratios that show that they are financially solvent.

Do the bidder's financial statements and those of any corporate parent support it's claims?

Yes, Magellan of Iowa and it's parent company had \$822.4 million in total current assets, which included \$321.1 million dollars in unrestricted cash and investments for year ending December 31, 2008. They also have had Current Ratios of 1.7, 2.1, 2.3 as of December 31, 2006, 2007, and 2008, respectively.

If the bidder is not financially sound, has it taken corrective measures to address and resolve any identified financial problems? Are these measures likely to be successful?

N/A

Did the bidder attach the most recent two years of independently certified audited financial statements of the bidder's organization as well as the most recent two years of the financial statements for the bidder's parent company, if applicable?

The bidder provided audited financial statements for years 2005, 2006, and 2007 for Magellan of Iowa and ~~also provided~~ years 2005, 2006, 2007, and 2008 for it's parent company, Magellan Behavioral Health, Inc.

Did the bidder provide it's most recent three years of independently certified audited financial statements of it's organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable?

The bidder provided audited financial statements for years 2005, 2006, and 2007 for Magellan of Iowa and ~~also provided~~ years 2005, 2006, 2007, and 2008 for it's parent company, Magellan Behavioral Health, Inc.

Do the audited statements reveal any financial problems, legal liabilities, or relevant corporate relationships that the bidder has not mentioned or that raise concern regarding financial stability, legal liability, or corporate interests?

No, the audited statements do not reveal any financial problems, legal liabilities, or relevant corporate relationships.

7A.2.18.c)

Did the bidder discuss what impact the recent declines in the stock market have had on the bidder's financial stability, how the bidder has responded, and any implications for the bidder's ability to meet the requirements of this RFP?

Magellan of Iowa stated that the stock market declines have had no impact on their financial stability or any impact on the Company's ability to meet the requirements of this RFP.

Did the bidder demonstrate that recent stock market declines have not put in jeopardy the bidder's ability to meet the requirements of the RFP, including the maintenance of necessary liquidity?

Magellan of Iowa's Current and Debt to Equity Ratios have stayed strong or improved over the last three years. The ratios for their parent company have also remained very strong.

Magillan

eg. public of pills
idea of
historical

J. Frederick Maffey Algorithm.

"computerized data analysis"

Cuts 7.5. Point of 2A - conf. K. education + information / reference activities

Interjection 5. Collection in population; deliberation. - 14 pages one sides - copied.

W. No real evidence of how will exist in expansion of civil team
it think.

W. not much beyond few the construction of big (→) the Emerson

Maggie

5. Figure on state of the cut after previous cycle of plant within of impure & modified.

5. and consume Rptd of total
- Income & Retros p. 7.7 - ~~Revenue~~
Revenue \rightarrow 2.6 + 5.1 + 5.41.

5

Rebut, solid foundation upon which a nail is in IA \rightarrow NBA explanation

- propose Community Liaison - to attract & convince the first back on
- ~~direct~~ ^{33%} ~~res~~ ^{low} ~~into~~ ^{entry} ~~the~~ ^{into} ~~the~~ ^{city} ~~city~~

W. Not clear how they will facilitate Coi into powder particles.

W. Rep. Syn. t. Court. t.:

W. H. P. King

Regulation

J. Parliamentary Committee: consultation process to identify important projects:
occurs all time.

✓ Paper - 250 projects per quarter - good outcome projects!
✓ Better than govt national priorities (agrees) - Annual review of projects needs to include cancers, stroke, kidney, diabetes, etc.

✓ S. Pop policy fed to public reference

W. Junction section of organizing intervention is weak.
"junction thru peer review"

W. Life Sciences priority review - important clinical research priority evaluation

W. would have liked to see more background research in projects.

Magellan

5. Statistical hypothesis tests; AIC-Diagnostic model -
Strong evidence in Cerebellum models for AIC-Diagnostic model -
See Group

5. Telling - child Hypothesis tests - (1) Is using means/standard deviation
mean + mean standard deviation given in a) 19 units by 2012.
1500 per year means
5. Fully critical / correlated reference in place w/ descriptive performance
reality (consequence) allows for a very tight approach to
flying over 99%.

We are not trying to make any more progress.

We "don't" put a "to" to make more progress.

We are not trying to make any more progress.
We are not trying to make any more progress.
We are not trying to make any more progress.

7A-2F

Magellan

5. Case example of program + 4 + SA under + other special populations in apply guidelines

5. Provide Quality Guidelines + Revised for Great J

5. Unlike previous necessity in not public sector contracts - they get the details!

W. Ben appeal is basically status quo. "The Terms have 'personal relationship'"

W.